

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)  
The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2006 calendar year, or tax year beginning , and ending

- B** Check if applicable:  
☒ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
CHILDREN'S CANCER FUND OF AMERICA, INC.  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
7714 CONNER ROAD 108  
City or town, state or country, and ZIP + 4  
POWELL TN 37849

**D** Employer identification number  
20-1226416  
**E** Telephone number  
865-947-9825  
**F** Accounting method: ☐ Cash  
☒ Accrual ☐ Other (specify)

**G** Website: WWW.CCFOA.ORG

**J** Organization type (check only one) ☒ 501(c) ( 3 ) (insert no) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

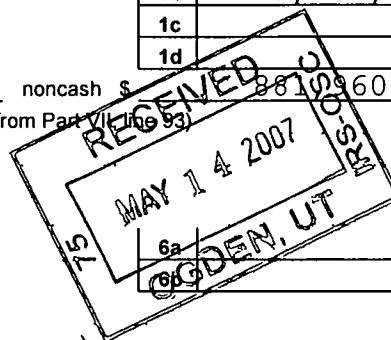
H and are not applicable to section 527 organizations I  
**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No  
**H(b)** If "Yes," enter number of affiliates ☐ Yes ☐ No  
**H(c)** Are all affiliates included? ☐ Yes ☐ No  
(If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No  
**I** Group Exemption Number  
**M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 5,211,183

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)**

<b>1</b>	Contributions, gifts, grants, and similar amounts received		
<b>a</b>	Contributions to donor advised funds	<b>1a</b>	
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	5,206,413
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>	
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>	
<b>e</b>	<b>Total</b> (add lines 1a through 1d) (cash \$ 4,324,453 noncash \$ 81,096 )	<b>1e</b>	5,206,413
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 9)	<b>2</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>	
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	54
<b>5</b>	Dividends and interest from securities	<b>5</b>	
<b>6a</b>	Gross rents		
<b>b</b>	Less rental expenses		
<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>	
<b>7</b>	Other investment income (describe )	<b>7</b>	
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>	
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>	
<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8c</b>	
<b>8d</b>			
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1b)	<b>9a</b>	
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>	
<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>	
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	
<b>b</b>	Less cost of goods sold	<b>10b</b>	
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>	
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>	4,716
<b>12</b>	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>	5,211,183
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	569,532
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	127,890
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	4,362,464
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>	
<b>17</b>	<b>Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>	5,059,886
<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>	151,297
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	8,362
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>	159,659

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule) STMT 1	<b>23</b> 241,797	241,797		
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) SEE STATEMENT 2	<b>25a</b> 190,333	152,266	28,550	9,517
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	<b>25b</b>			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>			
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b> 7,682	6,146	1,152	384
<b>29</b> Payroll taxes	<b>29</b> 12,665	10,132	1,900	633
<b>30</b> Professional fundraising fees	<b>30</b> 3,593,299			3,593,299
<b>31</b> Accounting fees	<b>31</b>			
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b> 5,849	4,679	877	293
<b>34</b> Telephone	<b>34</b> 7,613	7,226	380	7
<b>35</b> Postage and shipping	<b>35</b> 314,903	3,072	768	311,063
<b>36</b> Occupancy	<b>36</b> 31,209	24,967	4,681	1,561
<b>37</b> Equipment rental and maintenance	<b>37</b> 6,324	3,162	2,846	316
<b>38</b> Printing and publications	<b>38</b> 194,177	56,898	18,304	118,975
<b>39</b> Travel	<b>39</b>			
<b>40</b> Conferences, conventions, and meetings	<b>40</b> 29,547	23,638	5,909	
<b>41</b> Interest	<b>41</b> 740	370	370	
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b> 8,213	7,392	821	
<b>43</b> Other expenses not covered above (itemize) <b>a</b> SEE STATEMENT 3	<b>43a</b> 415,535	27,787	61,332	326,416
<b>b</b>	<b>43b</b>			
<b>c</b>	<b>43c</b>			
<b>d</b>	<b>43d</b>			
<b>e</b>	<b>43e</b>			
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 5,059,886	569,532	127,890	4,362,464

Joint Costs. Check ☒ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☒ No ☐

If "Yes," enter (i) the aggregate amount of these joint costs \$ 940,005 (ii) the amount allocated to Program services \$ 291,273

(iii) the amount allocated to Management and general \$ 105,437 and (iv) the amount allocated to Fundraising \$ 543,295

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

► SEE STATEMENT 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a SEE STATEMENT 5

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐ 569,532

b

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

c

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►

569,532

Form 990 (2006)

**Part IV Balance Sheets (See the instructions.)**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash-non-interest-bearing	161,183	<b>45</b>	409,353
	<b>46</b> Savings and temporary cash investments		<b>46</b>	
	<b>47a</b> Accounts receivable	<b>47a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>	<b>47c</b>	
	<b>48a</b> Pledges receivable	<b>48a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>	<b>48c</b>	
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>	<b>51c</b>	
	<b>52</b> Inventories for sale or use		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges		<b>53</b>	
	<b>54a</b> Investments—publicly-traded securities	Cost FMV	<b>54a</b>	
	<b>b</b> Investments—other securities (attach schedule)	Cost FMV	<b>54b</b>	
	<b>55a</b> Investments—land, buildings, and equipment basis	<b>55a</b> 49,477		
	<b>b</b> Less accumulated depreciation (attach schedule) SEE STATEMENT 6	<b>55b</b> 13,956	23,189	<b>55c</b> 35,521
	<b>56</b> Investments—other (attach schedule)		<b>56</b>	
	<b>57a</b> Land, buildings, and equipment basis	<b>57a</b>		
<b>b</b> Less accumulated depreciation (attach schedule)	<b>57b</b>	<b>57c</b>		
<b>58</b> Other assets, including program-related investments (describe )		<b>58</b>		
<b>59</b> <b>Total assets</b> (must equal line 74) Add lines 45 through 58	184,372	<b>59</b>	444,874	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses	166,490	<b>60</b>	285,215
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) SEE WORKSHEET	9,520	<b>64b</b>	
	<b>65</b> Other liabilities (describe )		<b>65</b>	
	<b>66</b> <b>Total liabilities.</b> Add lines 60 through 65	176,010	<b>66</b>	285,215
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted	8,362	<b>67</b>	159,659
	<b>68</b> Temporarily restricted		<b>68</b>	
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74</b>			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
	<b>73</b> <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	8,362	<b>73</b>	159,659
<b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	184,372	<b>74</b>	444,874	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	5,211,183
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12		
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	
<b>2</b>	Donated services and use of facilities	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants	<b>b3</b>	
<b>4</b>	Other (specify)	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	5,211,183
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify)	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>	<b>e</b>	5,211,183

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	5,059,886
<b>b</b>	Amounts included on line <b>a</b> but not Part I, line 17		
<b>1</b>	Donated services and use of facilities	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>	
<b>4</b>	Other (specify)	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	5,059,886
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify)	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>	<b>e</b>	5,059,886

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address		(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MARIA SNIDER	APOPKA	CHAIRPERSON			
1212 BOXWOOD DRIVE	FL 32703	1.5	0	0	0
CATHY FENNELLY	KNOXVILLE	SECR./TREAS.			
3 CANNBERRA DRIVE	TN 37923	1	0	0	0
GLORIA DITMORE	KNOXVILLE	BOARD MEMBER			
441 E FOXDEN DRIVE	TN 37934	1	0	0	0
ROSE PERKINS	KNOXVILLE	CEO			
1598 MAREMONT ROAD	TN 37918	55	129,950	0	3,600
PEGGY LEWIS	MESA	CFO			
10735 W. BALMORAL AVE.	AZ 85208	55	60,383	0	3,600
FRANK HOLLARD	KNOXVILLE	BOARD MEMBER			
4536 COBBLESTONE CIRCLE	TN 37938	1	0	0	0

Yes	No
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(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Yes	No
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Form **990** (2006)

**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
<b>82b</b>			
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
N/A			
<b>83b</b>			
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
N/A			
<b>84b</b>			
<b>85</b>	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
N/A			
<b>85a</b>			
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
N/A			
<b>85b</b>			
<b>c</b>	Dues, assessments, and similar amounts from members		
<b>85c</b>			
<b>d</b>	Section 162(e) lobbying and political expenditures		
<b>85d</b>			
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
<b>85e</b>			
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
<b>85f</b>			
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
N/A			
<b>85g</b>			
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
N/A			
<b>85h</b>			
<b>86</b>	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12		
<b>86a</b>			
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
<b>86b</b>			
<b>87</b>	501(c)(12) orgs. Enter a Gross income from members or shareholders		
<b>87a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>87b</b>			
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.		X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI.		X
<b>88b</b>			
<b>89a</b>	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 $\blacktriangleright$ 0, section 4912 $\blacktriangleright$ 0, section 4955 $\blacktriangleright$ 0		
<b>b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.		X
<b>89b</b>			
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 $\blacktriangleright$ 0		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization $\blacktriangleright$ 0		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
<b>89e</b>			
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
<b>89f</b>			
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>89g</b>			
<b>90a</b>	List the states with which a copy of this return is filed $\blacktriangleright$ SEE STATEMENT 7		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		
<b>90b</b>			2
<b>91a</b>	The books are in care of $\blacktriangleright$ ROSE PERKINS 1598 MAREMONT ROAD Located at $\blacktriangleright$ KNOXVILLE, TN	Telephone no $\blacktriangleright$ 865-947-9825	
		ZIP + 4 $\blacktriangleright$ 37918	
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country $\blacktriangleright$		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
		Yes	No
<b>91b</b>			X





**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

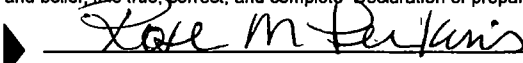

<b>106</b>	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
			X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

<b>107</b>	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
			X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

<b>108</b>	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	Yes	No

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	Signature of officer  Type or print name and title Rose M Perkins, CEO	Date 5-10-07	
<b>Paid Preparer's Use Only</b>	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 PINKSTAFF, SIMPSON, HALL AND HEADRICK PC 8858 CEDAR SPRINGS LANE, SUITE 5000 KNOXVILLE, TN 37923	Date 5/9/07	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN (See Gen Instr X) P00080574
	EIN 62-1719416	Phone no 865-690-7010	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2006**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

CHILDREN'S CANCER FUND OF AMERICA, INC.

Employer identification number

20-1226416

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

0

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
ASSOCIATED COMMUNITY SERVICES, INC. SOUTHFIELD 29777 TELEGRAPH ROAD, STE. 3000 MI 48034	TELEMARKETING	2,597,762
PREFERRED COMMUNITY SERVICES, INC. INDIANAPOLIS 5696 W 74TH STREET IN 46270	TELEMARKETING	268,586
BEE, LC MCLEAN 6846 OLD DOMINION DR. STE 315 VA 22101	TELEMARKETING	64,653

Total number of others receiving over \$50,000 for

professional services ▶

0

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
VEHICLE DONATION PROCESSING CENTER MONROVIA 626 S PRIMROSE AVE. CA 91016	CAR AUCTION	509,599
CAR PROGRAM LLC RANCHO CORDOVA 3755 OMEC CIRCLE #4 CA 95742	CAR AUCTION	152,690

Total number of other contractors receiving over

\$50,000 for other services ▶

0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

**Part III Statements About Activities** (See page 2 of the instructions.)

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )

**a** Sale, exchange, or leasing of property?

2a X

**b** Lending of money or other extension of credit?

2b X

**c** Furnishing of goods, services, or facilities?

2c X

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990

2d X

**e** Transfer of any part of its income or assets?

2e X

- 3a** Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )

3a X

**b** Did the organization have a section 403(b) annuity plan for its employees?

3b X

**c** Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

**d** Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

**b** Did the organization make any taxable distributions under section 4966?

4b

**c** Did the organization make a distribution to a donor, donor advisor, or related person?

4c

**d** Enter the total number of donor advised funds owned at the end of the tax year ► \_\_\_\_\_

**e** Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► \_\_\_\_\_

**f** Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► \_\_\_\_\_

0

**g** Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► \_\_\_\_\_

0

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ►
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> ►					

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	2,106,673				2,106,673
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. STMT 8	2,247				2,247
<b>23</b> Total of lines 15 through 22	2,108,920				2,108,920
<b>24</b> Line 23 minus line 17	2,108,920				2,108,920
<b>25</b> Enter 1% of line 23	21,089				

<b>26</b> Organizations described on lines 10 or 11:	a	Enter 2% of amount in column (e), line 24	26a	42,178
b	Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	
c	Total support for section 509(a)(1) test. Enter line 24, column (e)		26c	2,108,920
d	Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 <u>2,247</u> 26b _____		26d	2,247
e	Public support (line 26c minus line 26d total)		26e	2,106,673
f	Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	99.8935%

<b>27</b> Organizations described on line 12:	a	For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person."			N/A
		Do not file this list with your return. Enter the sum of such amounts for each year:			
	(2005)	(2004)	(2003)	(2002)	
b	For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.				N/A
	(2005)	(2004)	(2003)	(2002)	
c	Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				
d	Add: Line 27a total _____ and line 27b total _____				
e	Public support (line 27c total minus line 27d total)				
f	Total support for section 509(a)(2) test. Enter amount from line 23, column (e)		27f		
g	Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g		%
h	Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h		%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 9 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) N/ACheck ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations												
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>													
<b>39</b> Other exempt purpose expenditures	<b>39</b>													
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>													
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table-														
<table border="0"> <tr> <td><b>If the amount on line 40 is-</b></td> <td><b>The lobbying nontaxable amount is-</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is-</b>	<b>The lobbying nontaxable amount is-</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	<b>41</b>	
<b>If the amount on line 40 is-</b>	<b>The lobbying nontaxable amount is-</b>													
Not over \$500,000	20% of the amount on line 40													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>													
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>													
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>													

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount





For calendar year 2006, or tax year beginning , and ending

Name

CHILDREN'S CANCER FUND OF AMERICA,  
INC.

Employer Identification Number

20-1226416

## FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) CANCER FUND OF AMERICA	NONE
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 12,281	6/09/05	11/09/07	PAYMENTS OF \$450 PER MONTH	6.000
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) 2005 CHRYSLER TOWN & COUNTRY VAN	PURCHASE OF VEHICLE
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) CASH	9,520	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	9,520	

**Federal Statements****Statement 1 - Form 990, Part II, Line 23 - Specific Assistance to Individuals**

<u>Description</u>	<u>Amount</u>
DIRECT CASH TO PATIENTS	\$ <u>241,797</u>
TOTAL	\$ <u><u>241,797</u></u>

## Federal Statements

Statement 2 - Form 990, Part II, Line 25a - Compensation of Current Officers

<u>Name</u>	<u>Program Services</u>	<u>Management &amp; General</u>	<u>Fundraising</u>
EXPENSES	\$	\$	\$
COMPENSATION	152,266	28,550	9,517
TOTAL	<u>\$ 152,266</u>	<u>\$ 28,550</u>	<u>\$ 9,517</u>

## Federal Statements

**Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
DATA PROCESSING	80,001	4,443		75,558
DIRECT MAIL CONSULTANT	61,448			61,448
CAGING & KEYING	54,244			54,244
LIST RENTALS	109,885			109,885
PROFESSIONAL FEES	23,350		22,473	877
ADVERTISING	38,925	15,570	5,839	17,516
PAYROLL SERVICE	1,186		1,186	
INSURANCE	9,844		9,844	
DUES & SUBSCRIPTIONS	383	383		
STATE REGISTRATION FEES	3,446		3,446	
SERVICE CHARGES	12,472	1,248	7,136	4,088
MISCELLANEOUS	20,351	6,143	11,408	2,800
TOTAL	\$ 415,535	\$ 27,787	\$ 61,332	\$ 326,416

**Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose**

TO ASSIST AND SUPPORT CHILDREN SUFFERING WITH CANCER, AND  
THEIR FAMILIES

**Statement 5 - Form 990, Part III, Line a - Statement of Program Service Accomplishments****Description**

ASSIST AND SUPPORT CHILDREN SUFFERING WITH CANCER, AND  
THEIR FAMILIES, THROUGH FINANCIAL AID. SERVE AS A  
REFERRAL AGENCY FOR OBTAINING COMMODITIES SUCH AS LIQUID  
DIETARY SUPPLEMENTS, PERSONAL HYGIENE KITS, GIFT BOXES,  
TOYS AND VARIOUS HOME PRODUCTS TO HELP RELIEVE THE  
FINANCIAL BURDENS PLACED UPON THE FAMILIES OF THE ILL  
CHILD. DISSEMINATE HEALTH EDUCATIONAL SCRIPT AND  
PUBLIC AWARENESS REGARDING CCFA.

## Federal Statements

Statement 6 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
AUTOMOBILE	\$ 27,281	\$	\$ 41,281	\$
OFFICE EQUIPMENT	1,651		8,196	
ACCUMULATED DEPRECIATION		5,743		13,956
TOTAL	<u>\$ 28,932</u>	<u>\$ 5,743</u>	<u>\$ 49,477</u>	<u>\$ 13,956</u>

**Statement 7 - Form 990, Part VI, Line 90a - States with which a Copy of this Return is Filed.**

**Postal  
Code**

AL  
AK  
AR  
CA  
FL  
GA  
IL  
KY  
ME  
MD  
MA  
MI  
MN  
MS  
NH  
NJ  
NM  
OK  
OR  
PA  
AZ  
CO  
CT  
NC  
OH  
RI  
SC  
TN  
UT  
VA  
WI

## Federal Statements

Statement 8 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2005	2004	2003	2002
MISCELLANEOUS	\$ 2,247	\$	\$	\$
TOTAL	\$ 2,247	\$ 0	\$ 0	\$ 0



Form **8868**

(Rev. December 2006)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868****Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

<b>Type or print</b>	Name of Exempt Organization CHILDREN'S CANCER FUND OF AMERICA, INC.	<b>Employer identification number</b> 20-1226416
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 7714 CONNER ROAD 108	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions POWELL TN 37849	

**Check type of return to be filed** (file a separate application for each return)

- |                                              |                                                                   |                                    |
|----------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ ROSE PERKINS

Telephone No ▶ 865-947-9825

FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach

a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until 8/15/07, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☒ calendar year 2006 or
- ▶ ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2006)